| | | | | | | | | | * | | |
|-----------------------|---|---|---|--|--------------------|------------|--|-------------------------|---------------------------------|--------------------|--|
| Fill | in this information t | to identify your ca | ase: | | | | | | | | |
| Deb | otor 1 | Luis Perales | <u> </u> | ···· | | _ | | | | | |
| | otor 2 use, if filing) | Cynthia Pera | ales | | | - | | | | | |
| Unit | ted States Bankrup | otcy Court for the | : NORTHERN DISTRIC | CT OF ILLINOIS | | _ | | | | | |
| Cas | se number 19 | -02618 | | | | Ch | eck if this is: | | | | |
| (lf kn | own) | | | • | | | An amended filing | | | | |
| | | | | | | | | | postpetition of lowing date: | chapter | |
| <u>O</u> 1 | fficial Form | <u> 1061</u> | | | | | MM / DD/ Y | YYY | | | |
| | chedule I: | | ome sible. If two married peo | | | | | | | 12/15 | |
| spoi attac | ch a separate she | parated and you let to this form. (le Employment | r spouse is not filing wi On the top of any additi | ith you, do not include onal pages, write you | e inform r name | nation abo | out your spo number (if k | use. If mo nown). Ar | re space is n iswer every (| eeded, question | |
| 1. | Fill in your employment information. | | | Debtor 1 | | | Debtor 2 | or non-fili | ng spouse | | |
| | If you have more than one job, attach a separate page with information about additional | | Employment status | ■ Employed | | | ■ Employed | | | | |
| | | | Linployment status | ☐ Not employed | | | ☐ Not employed | | | | |
| | employers. | | Occupation | Operations Manager | | | Adminis | Administrator | | | |
| | Include part-time, self-employed wo | | Employer's name | Jack Freeman Trucking Co. 4948 S. Western Ave. Chicago, IL 60609 | | | Catholic Bishop of Chicago 835 N. Rush St. Chicago, IL 60611 | | | | |
| | Occupation may or homemaker, if | | Employer's address | | | | | | | | |
| How long employed the | | here? 12 Years | | | 19 Years | | | | | | |
| Par | t 2: Give De | etails About Mor | nthly Income | | | | | | ···· | | |
| spou | use unless you are | separated. | ate you file this form. If | | | | | | | | |
| | e space, attach a s | | | | | | | | | | |
| | | | | | | For D | ebtor 1 | For Deb non-filir | tor 2 or ig spouse | | |
| 2. | List monthly grodeductions). If no | oss wages, sala ot paid monthly, | ry, and commissions (b calculate what the month | efore all payroll ly wage would be. | 2. | \$ | 4,983.33 | \$ | 3,504.26 | | |
| 3. | Estimate and lis | st monthly overt | ime pay. | | 3. | +\$ | 0.00 | +\$ | 0.00 | | |
| 4. | Calculate gross | Income. Add lir | ne 2 + line 3. | | 4. | \$4 | ,983.33 | \$_3 | 3,504.26 | | |
| | | | | | | | | | | | |

| DODIO! | | uis Perales Cynthia Perales | | | Case number (if known) | | | 19-02618 | | | |
|--------|---------------------------|---|---------------------------|----------------------|------------------------|---|------------|---------------|----------------------|----------------|------------------|
| | | | | | | ebtor 1 | | | Debtor i-filing s | | N |
| | Con | y line 4 here | 4. | _ | \$ | 4,983.33 | _ | \$ | | 504.26 | |
| _ | • | | | | | | _ | _ | | | - |
| 5. | | all payroll deductions: | | | • | | | • | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | | \$ | 1,309.45 | _ | \$_ | | <u>541.04</u> | _ |
| | 5b. | Mandatory contributions for retirement plans | 5b. | | <u>\$</u> | 0.00 | _ | \$ _ | | 0.00 | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c. | | <u>\$</u> | 0.00 | | \$ _ | | <u>110.50</u> | _ |
| | 5d. | Required repayments of retirement fund loans | 5d. | | <u>\$</u> | 0.00 | _ | \$ _ | | 0.00 | _ |
| | 5e. | Insurance | 5e. | | \$ | 0.00 | _ | \$_ | | <u>577.07</u> | _ |
| | 5f. | Domestic support obligations | 5f. | | \$ | 0.00 | _ | \$_ | | 0.00 | _ |
| | 5g. | Union dues | 5g. | | \$ | 0.00 | _ | \$ _ | | 0.00 | _ |
| | 5h. | Other deductions. Specify: Loan | _ 5h.· | | \$ | 541.67 | _ | `- | | 0.00 | _ |
| | | Health FSA | _ | | \$_ <u></u> | 0.00 | <u> </u> | \$ _ | | 86.67 | _ |
| 6. | Ado | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | : | \$ | 1,851.12 | <u>.</u> | \$_ | 1, | 315.28 | _ |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | ; | \$ | 3,132.21 | _ | \$_ | 2, | <u> 188.98</u> | _ |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | | \$ | 0.00 |) | \$ | | 0.00 | |
| | 8b. | Interest and dividends | 8b. | | \$ | 0.00 | | \$ | | 0.00 | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | | \$ | 0.00 | _ | \$ | | 0.00 | _ |
| | 8d. | Unemployment compensation | 8d. | | \$ | 0.00 | | \$ | | 0.00 | _ |
| | 8e. | Social Security | 8e. | | \$ | 0.00 | _ | \$ | | 0.00 | _ |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | _ 8f. | | \$ | 0.00 | _ | \$ | | 0.00 | _ |
| | 8g. | Pension or retirement income | 8g. | | \$ | 0.00 | | \$_ | | 0.00 | - |
| | 8h. | Other monthly income. Specify: UBER | _ 8h. | + | \$ | 2,225.93 | <u> </u> + | • \$_ | | 0.00 | <u>-</u> |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | | 2,225.93 | | \$_ | | 0.0 | 0 |
| 10 | Cal | culate monthly income. Add line 7 + line 9. | 10. [| \$ | 5 | ,358.14 + | s | 2 | 188.98 | = \$ | 7,547.12 |
| 10. | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | . | _ | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | `- | | 100.00 | ` - | ., |
| 11. | Sta Inci othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify: | depe | | | | | | Schedule 11. |) J. +\$ | 0.00 |
| 12. | Add Writ app | the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certainlies | ult is i n <i>Liat</i> | the b <i>ilit</i> | comt ies ar | oined monthly ad Related <i>Da</i> | / ind | come if it | 12. | \$ | 7,547.12 |
| 13. | Do | you expect an increase or decrease within the year after you file this form' No. | ? | | | | | | | Combi month | ned ly income |
| | | Yes. Explain: | | | | | | | | | |

| Fill i | n this information to identify your case: | | | | |
|--------|--|--|------------------|---|--|
| Debt | or 1 Luis Perales | | Che | ck if this is: | |
| | | | | An amended filing | |
| Debt | Cynthia Perales | | | | ving postpetition chapter |
| (Spo | ouse, if filing) | | | 13 expenses as of | the following date: |
| Unite | ed States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINC | DIS | | MM / DD / YYYY | |
| | e number | | | | |
| (If kr | nown) | | | | |
| Of | ficial Form 106J | | | | |
| So | chedule J: Your Expenses | | | | 12/1 |
| Be a | as complete and accurate as possible. If two married people are rmation. If more space is needed, attach another sheet to this for the complex (if known). Answer every question. | e filing together, both a orm. On the top of any | re equ additi | ially responsible fo onal pages, write y | or supplying correct your name and case |
| Pari | | | | | |
| 1. | Is this a joint case? | | | | |
| | No. Go to line 2. | | | | |
| | Yes. Does Debtor 2 live in a separate household? | | | | |
| | ■ No □ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i> | for Separate Household | of Del | otor 2. | |
| 2. | Do you have dependents? No | | | | |
| | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent | Dependent's relationsh Debtor 1 or Debtor 2 | - | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | □ No |
| | dependents names. | Son | | | Yes |
| | | | | | □ No |
| | | | | | ☐ Yes ☐ No |
| | | | | | ☐ Yes |
| | | | | | □ No |
| | | | | | ☐ Yes |
| 3. | Do your expenses include | | | | |
| | expenses of people other than | | | | |
| | yourself and your dependents? | | | | |
| exp | t 2: Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless yourness as of a date after the bankruptcy is filed. If this is a suppolicable date. | ou are using this form lemental Schedule J, c | as a s heck | upplement in a Chathe box at the top of | apter 13 case to report of the form and fill in the |
| the | lude expenses paid for with non-cash government assistance if value of such assistance and have included it on <i>Schedule I: Y</i> ficial Form 106l.) | fyou know <i>'our Income</i> | | Your exp | enses |
| 4. | The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot. | nclude first mortgage | 4. | \$ | 1,000.00 |
| | If not included in line 4: | | | | |
| | 4a. Real estate taxes | | 4a. | · | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. | | 0.00 |
| | 4c. Home maintenance, repair, and upkeep expenses | | 4c. 4d. | \$ \$ | 0.00 |
| 5. | 4d. Homeowner's association or condominium dues Additional mortgage payments for your residence, such as hor | me equity loans | 4u. 5. | \$ | 0.00 |

| tor 2 Cynthia Per | ues | Case number (if k | (nown) 19-02618 | | | | |
|--|---|---|--|--|--|--|--|
| Utilities: | | | | | | | |
| 6a. Electricity, hea | | 6a. \$ _ | 230.00 | | | | |
| | garbage collection | 6b. \$ | 0.00 | | | | |
| | I phone, Internet, satellite, and cable services | 6c. \$ _ | 225.00 | | | | |
| 6d. Other. Specify | | 6d. \$ | 0.00 | | | | |
| Food and housekee | | 7. \$ | 541.67 | | | | |
| | ren's education costs | 8. \$ _ | 0.00 | | | | |
| Clothing, laundry, a | | 9. \$ | 110.00 | | | | |
| Personal care prod | | 10. \$ _ | 100.00 | | | | |
| Medical and dental | • | 11. \$ _ | 180.00 | | | | |
| | ude gas, maintenance, bus or train fare. | 12. \$ | 433.33 | | | | |
| Do not include car pa | | 13. \$ | 150.00 | | | | |
| | s, recreation, newspapers, magazines, and books | 14. \$ | 75.00 | | | | |
| | ions and religious donations | 14. ⊅ | 75.00 | | | | |
| Insurance. | nce deducted from your pay or included in lines 4 or 20 | | | | | | |
| 15a. Life insurance | nce deducted from your pay or included in lines 4 or 20 | 15a. \$ | 0.00 | | | | |
| 15b. Health insurar | ra | 15b. \$ | 0.00 | | | | |
| 15c. Vehicle insura | | 15c. \$ | 289.51 | | | | |
| 15d. Other insuran | | 15d. \$ | 0.00 | | | | |
| | e taxes deducted from your pay or included in lines 4 or | | 0.00 | | | | |
| Specify: | e taxes deducted from your pay or included in lines 4 or | 16. \$ | 0.00 | | | | |
| Installment or lease | navments: | | | | | | |
| 17a. Car payments | | 17a. \$ | 0.00 | | | | |
| 17b. Car payments | | 17b. \$ | 0.00 | | | | |
| 17c. Other. Specify | | 17c. \$ | 0.00 | | | | |
| 17d. Other. Specify | | 17d. \$ | 0.00 | | | | |
| | limony, maintenance, and support that you did not | eport as | | | | | |
| deducted from you | pay on line 5. Schedule I, Your Income (Official For | m 106l). | 0.00 | | | | |
| Other payments yo | make to support others who do not live with you. | \$ | 0.00 | | | | |
| Specify: | | 19. | | | | | |
| | expenses not included in lines 4 or 5 of this form or | on Schedule I: Your Inc | come. | | | | |
| 20a. Mortgages on | | 20a. \$ | 0.00 | | | | |
| 20b. Real estate ta | es | 20b. \$ _ | 0.00 | | | | |
| 20c. Property, hom | eowner's, or renter's insurance | 20c. \$ | 0.00 | | | | |
| 20d. Maintenance, | repair, and upkeep expenses | 20d. \$ | 0.00 | | | | |
| 20e. Homeowner's | association or condominium dues | 20e. \$ | 0.00 | | | | |
| Other: Specify: | | 21. +\$ | 0.00 | | | | |
| · · · - | ••• | | | | | | |
| Calculate your mor | · | | 3,334.51 | | | | |
| 22a. Add lines 4 thro | ugn 21. | * - | 3,334.51 | | | | |
| | onthly expenses for Debtor 2), if any, from Official Form | | | | | | |
| 22c. Add line 22a ar | d 22b. The result is your monthly expenses. | \$ ₋ | 3,334.51 | | | | |
| Calculate your mor | thly net income | <u> </u> | | | | | |
| | our combined monthly income) from Schedule I. | 23a. \$ | 7,226.06 | | | | |
| 23h Convivour ma | othly eynenses from line 22c ahove | 23b\$ | 3,334.51 | | | | |
| 23b. Copy your monthly expenses from line 22c above. 23b\$ 3,334.51 | | | | | | | |
| 23c. Subtract vour | monthly expenses from your monthly income. | | 0.004.55 | | | | |
| The result is v | our monthly net income. | 23c. \$ | 3,891.55 | | | | |
| Do you expect an i For example, do you ex modification to the term | ncrease or decrease in your expenses within the year pect to finish paying for your car loan within the year or do you | nr after you file this form expect your mortgage payme | ? nt to increase or decrease because of | | | | |
| □ No | | | · · · · · · · · · · · · · · · · · · · | | | | |
| ■ Yes. E | plain here: None. | | | | | | |

| Fill in this inform | nation to identify your | tase: | | | |
|---|---|--|--|-------------------|---|
| Debtor 1 | Luis Perales | | | | |
| Debtor 2 | First Name Cynthia Perales | Middle Kame | Lest Name | | |
| (Spouse if, fling) | Fusi Name | Middle Name | Lasi Name | | |
| United States Bar | nkruptcy Court for the: | NORTHERN DISTRIC | T OF ILLINOIS | | , |
| Case number 1 | 19-02618 | | | | |
| (if known) | | | | | Check if this is an amended filling |
| <u></u> | | ~ | | | • |
| Official Form | 106Dec | | | | |
| Declarat | ion About a | n Individua | l Debtor's Sched | ules | 12/15 |
| If two married pe | ople are filing together | , both are equally resp | onsible for supplying correct info | rmation. | |
| You must file this obtaining money years, or both. 18 | i form whenever you fi or property by fraud in I U.S.C. §§ 152, 1341, 1 | e bankruptcy schedule connection with a bar | as or amended schedules. Making akruptcy case can result in fines i | a false statemer | nt, concealing property, or Imprisonment for up to 20 |
| 8ign | Below | • | | • | |
| Did you pay | y or agree to pay some | one who ai odw enc | orney to help you fill out bankrupt | lcy forms? | |
| ■ No | | | | | |
| Yes. N | lame of person | ·· | | | py Petition Preparer's Notice, Signature (Official Form 119) |
| Under penal that they are | ity of perjury, I declare trui and correct. | that I have read the su | mmary and schedules filed with t | his declaration a | |
| Luis Pe Signatur | e of Debtor 1 | | Cynthis Perales Signature of Debtor | <u> </u> | |
| Dale 🚣 | April 15, 2019 | | Date <u>April 15, 20</u> |)19 | |
| | | | | | |

Official Ferm 106Dec

Declaration About an Individual Debtor's Schedules

Software Copyright (c) 1996-2018 Seet Caso, LLC - www.bestcsse.com

Best Case Bankruptcy